Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

	Date:	03/01/2014	Address:	US 33 AND ELKHART RD	
	Incident #:	14ISPC001706		GOSHEN, IN	
	County :	ELKHART-20		46514	
	Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
	(check all that	tems Found: Location (bedroom, kitchen, open air, etc) (check all that apply) One Pot or Birch Reaction(s):			
	Red Phosphorous/Iodine Reaction(s):				
	Hydrochloric Acid Gas Generator(s):				
	☐ Flammable Solvents: <u>VEHICLE</u>				
	☐ Water Rea	Water Reactive Metal (Lithium):			
	Anhydrous	Anhydrous Ammonia:			
	☐ Corrosive Acid: <u>VEHICLE</u>☐ Corrosive Base: <u>VEHICLE</u>				
Other (item and location):					
	Vehicle Infor	mation:			
	Owner: VIN: Year:	DAVID MCNEAL 1GNDT13WXS2104038 1995	Make: Model:	CHEVROLET BLAZER	
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often		Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: UNK Additional Information: NONE			
This report has been faxed* or emailed to the following agencies that serve the location:				t serve the location:	
	Fire Department City, Township or County 574-875-9644 Health Department County: 574-523-2283 Fax: 574-875-3376 Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-75				
	For further information regarding this methamphetamine laboratory, contact Investigating Officer: DEAL Phone 574-546-4900				

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.